



# South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200  
Columbia, South Carolina 29223

Mailing Address:  
P.O. Box 100105, Columbia, S.C. 29202-3105  
Telephone: (803) 737-6160

MARK SANFORD  
Governor  
ELEANOR KITZMAN  
Director of Insurance

## FORM NO. 2007

INSURER NAME \_\_\_\_\_ DATE \_\_\_\_\_

### SOUTH CAROLINA WORKERS' COMPENSATION INSURANCE DEVELOPMENT OF INSURER EXPENSE AND PURE PREMIUM MULTIPLIER

All figures through line 12 should be determined as a percentage of standard written or standard earned premium (as applicable), adjusted to eliminate the effect of premium discounts. In the filing explain how this was done.

1. Commission ..... %
2. Other acquisition expense ..... %
3. Subtotal production expenses (line 1 and line 2) ..... %
4. General expense ..... %
5. Premium tax ..... %
6. Guaranty Fund/Assessment ..... %
7. Fund assessment ..... %
8. Miscellaneous tax (other than Federal Income Tax) ... %
9. Subtotal taxes, licenses and fees (add lines 5 through 8) ..... %
10. Total Expense Component (add lines 3, 4 and 9) ..... %
11. Profit and contingencies provision ..... %
12. Total Expense and Profit loading (line 10 and line 11) ..... %
13. Company expense multiplier  $[1.0/(1.0-\text{line } 12)]$  ..... %
14. Selected pure premium multiplier .....

Explain difference between lines 13 and 14.

Attach Premium discounts used with premium distribution.

Attach three years of actual expense data.

If market share is 1% or greater, as defined in Bulletin No. 5-90, attach company trend calculations.